

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	4					
6	4					
7	3					
8	1					
9	1					
10	3					
11	4					
12	4					
13	4					
14	4					
15	4					
16	4					
17	4					
18	4					
19	4					
20	4					
21	4					
22	4					
23	4					
24	4					
25	4					
26	3	1				
27	1					
28	1					
29	1					
30	1	1				
31	1					
32	1					
33	1					
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						

	*	*	*	*
	IND.	DEP.	IND.	DEP.
51	1			
52	1			
53	1			
54	1			
55	1			
56	1			
57	1			
58	1			
59	1			
60	1			
61	1			
62	1			
63	1			
64	1			
65	1			
66	1			
67	1			
68	1			
69	1			
70	1			
71	1			
72	1			
73	1			
74	1			
75	1			
76	1			
77	1			
78	1			
79	1			
80	1			
81	1			
82	1			
83	1			
84	1			
85	1			
86	1			
87	1			
88	1			
89	1			
90	1			
91	1			
92	1			
93	1			
94	1			
95	1			
96	1			
97	1			
98	1			
99	1			
100	1			
TOTAL IND.	21	1	↓	
TOTAL DEP.	629	1	←	←
TOTAL CLAIMS	150			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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